

# APPLICATION FOR EMPLOYMENT

( PLEASE PRINT CLEARLY )

## CONFIDENTIAL

This institution does not discriminate in hiring or employment on the basis of race, color, religious creed, national origin, sex or ancestry or on the basis of age or physical or mental handicap unrelated to ability to perform the work required. No question on this application is intended to secure information to be used for such discrimination. This application will be given every consideration, however its receipt does not imply that the applicant will be employed.

### PERSONAL INFORMATION

Date of Application \_\_\_\_\_ Date Available \_\_\_\_\_

Social Security Number \_\_\_\_\_

NAME \_\_\_\_\_  
LAST FIRST MIDDLE

PRESENT ADDRESS \_\_\_\_\_  
STREET CITY STATE ZIP CODE Phone Number \_\_\_\_\_

PERMANENT ADDRESS \_\_\_\_\_  
*(If Different than Present Address)*  
STREET CITY STATE ZIP CODE Phone Number \_\_\_\_\_

If you cannot be reached at above phone number, where may we contact you? Name of Person \_\_\_\_\_ Phone \_\_\_\_\_

Are you a citizen of the U.S.A.?  Yes  No If no, type of visa \_\_\_\_\_ Immig. No. \_\_\_\_\_

### EMPLOYMENT DESIRED

TYPE OF WORK DESIRED	SHIFT	SALARY	WILL YOU ACCEPT EMPLOYMENT OF:
First Choice			FULL TIME? _____ PART TIME? _____
Second Choice			Are You Employed Now? _____ May We Contact Your Present Employer? _____
Third Choice			If No, Why? _____

Are You 18 Yrs. of Age or Older? \_\_\_\_\_ How Did You Learn of This Opening? \_\_\_\_\_

### EDUCATION

CIRCLE HIGHEST GRADE COMPLETED: 8 9 10 11 12 13 14 15 16

SCHOLASTIC HONORS RECEIVED \_\_\_\_\_

NAME OF SCHOOL	LOCATION (CITY, STATE)	COURSES TAKEN	DIPLOMA, DEGREE OR CERTIFICATE RECEIVED
GRAMMAR OR GRADE SCHOOL			
HIGH SCHOOL			
COLLEGE			
VOCATIONAL OR BUSINESS			
NURSING EDUCATION			
LABORATORY OR X-RAY TRAINING			

Extracurricular Activities While in School \_\_\_\_\_

Member of Professional Organizations \_\_\_\_\_

Honors Received, Volunteer or Community Service or Other Qualifications You Have Which You Feel Are Related to the Position for Which You Are Applying: \_\_\_\_\_

Have You Ever Been in the U.S. Armed Forces? \_\_\_\_\_ What Is Your Present Selective Service Classification? \_\_\_\_\_ Are You Presently a Member of Reserves or National Guard? \_\_\_\_\_ If So, When Is Your Enlistment Up? \_\_\_\_\_

### PROFESSIONAL LICENSES AND / OR CERTIFICATIONS

TYPE	ORGANIZATION OR STATE ISSUED	DATE ISSUED	NUMBER	VERIF.

**EMPLOYMENT RECORD** (list last or present position first)

PRESENT AND FORMER EMPLOYERS	DATES EMPLOYED		SALARY RANGE	POSITION & DUTIES	REASON FOR LEAVING
	FROM	TO			
Name _____ Address _____ Supervisor's Name _____ Phone _____	FROM	TO	STARTING		
Name _____ Address _____ Supervisor's Name _____ Phone _____	FROM	TO	STARTING		
Name _____ Address _____ Supervisor's Name _____ Phone _____	FROM	TO	STARTING		
Name _____ Address _____ Supervisor's Name _____ Phone _____	FROM	TO	STARTING		

Please explain all periods of unemployment. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

If your former employment references, education or military service are under a name other than indicated on front of application, please indicate below.

LAST FIRST MIDDLE INITIAL

Have you ever been convicted of a crime? \_\_\_\_\_ If so, for what, when and where? \_\_\_\_\_

USE THIS SPACE TO GIVE US FURTHER INFORMATION WHICH WILL ASSIST US IN PLACING YOU, INCLUDING AT LEAST TWO PERSONAL REFERENCES NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**DO NOT ANSWER QUESTIONS IN SHADED AREA – TO BE COMPLETED AFTER EMPLOYED**

Date of Birth \_\_\_\_\_ Marital Status \_\_\_\_\_ Sex \_\_\_\_\_ Nationality \_\_\_\_\_ Number and Ages of Children \_\_\_\_\_

Notify In Cases of Emergency:

NAME RELATIONSHIP

NUMBER STREET CITY STATE ZIP CODE TELEPHONE

What Language(s) (Other than English) Do You Speak? \_\_\_\_\_

I voluntarily give this institution the right to make a thorough investigation of my past employment and activities, agree to cooperate in such investigation and release from all liability or responsibility all persons, companies or corporations supplying such information.

I understand that I will be required to follow the personnel policies and rules of the institution and that infractions of said rules may lead to dismissal. I also understand that my employment may be terminated for any misstatement or omission of fact appearing on this application form.

I further understand that this institution follows the "fair employment practice code" and there is no discrimination in the hiring of individuals based on sex, race, religion, age, or physical or mental handicap unrelated to ability to perform the work required.

I understand that if I am employed it will be on a probationary or trial basis for a period of \_\_\_ days. Upon my termination I authorize the release of reference information on my work.

DATE

APPLICANT'S SIGNATURE

### AVAILABILITY RECORD

Primary position desired \_\_\_\_\_

Will you accept another position?  Yes  No

If so, what? \_\_\_\_\_

Are you available to work: Weekends?  Yes  No  
 Holidays?  Yes  No  
 Rotating Shifts?  Yes  No

PLEASE INDICATE DAYS AND HOURS YOU ARE AVAILABLE FOR WORK (Be Specific)

DAY	FROM	TO
SUNDAY	A.M.	A.M.
	P.M.	P.M.
MONDAY	A.M.	A.M.
	P.M.	P.M.
TUESDAY	A.M.	A.M.
	P.M.	P.M.
WEDNESDAY	A.M.	A.M.
	P.M.	P.M.
THURSDAY	A.M.	A.M.
	P.M.	P.M.
FRIDAY	A.M.	A.M.
	P.M.	P.M.
SATURDAY	A.M.	A.M.
	P.M.	P.M.

Do you have responsibilities that would limit your availability?

Yes  No If yes, explain \_\_\_\_\_

Do you limit your annual earnings due to Social Security or other reasons?

Yes  No

If yes, please state what is the maximum amount you wish to earn \_\_\_\_\_

IF YOUR AVAILABILITY CHANGES, IT IS YOUR RESPONSIBILITY TO FILL IN AN "AVAILABILITY CARD" INDICATING THE CHANGES. SUCH CHANGES WILL BE EFFECTIVE, THEN, FOR ANY FUTURE EMPLOYMENT.

I UNDERSTAND THAT EMERGENCY CONDITIONS MAY REQUIRE ME TO TEMPORARILY WORK SHIFTS OTHER THAN THE ONE FOR WHICH I AM APPLYING AND AGREE TO SUCH SCHEDULING CHANGE AS DIRECTED BY MY DEPARTMENT HEAD OR ADMINISTRATOR OF THIS INSTITUTION.

APPLICANT'S SIGNATURE

DATE

**THIS PAGE FOR INSTITUTION AND INTERVIEWERS' USE ONLY**

INTERVIEWER	DATE	COMMENTS

**REFERENCE AND PRIOR EMPLOYMENT CHECK**

INDIVIDUAL CONTACTED	NAME OF FIRM	RESULTS OF CHECK

**FOR PERSONNEL OFFICE USE**

Hired \_\_\_\_\_ For what department \_\_\_\_\_ Position \_\_\_\_\_

Salary \_\_\_\_\_ per YEAR  
MONTH  
HOUR Starting Date \_\_\_\_\_

## **Employee Reference Check Form**

\_\_\_\_\_  
**Candidate Name**

\_\_\_\_\_  
**Candidate Signature**

\_\_\_\_\_  
**Company**

\_\_\_\_\_  
**Contact Information**

\_\_\_\_\_  
**Reference Name**

\_\_\_\_\_  
**Title**

The candidate listed above has applied to **Refugio County Memorial Hospital District** for a position of \_\_\_\_\_; they have listed you as a professional reference.

**Please answer the following questions based on the employee's previous employment history:**

- What were the candidate's dates of employment? \_\_\_\_\_ to \_\_\_\_\_
- What was the candidate's job title and key responsibilities?  
\_\_\_\_\_
- Why did the candidate leave your organization?  
\_\_\_\_\_
- Would you rehire this candidate in the future? Yes or No  
If not, why not? \_\_\_\_\_

**Reference checked and verified by:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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\_\_\_\_\_  
**Candidate Signature**

\_\_\_\_\_  
**Company**

\_\_\_\_\_  
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